Your Baby's Health History

Baby's Name _____ Date _____

Parent's or Guardian's Name _____

Baby's Age _____ Birth weight _____ Birth length _____ M

If your baby was born early, how many weeks early?_____

Circle Yes or No

Baby's mother:

- Were you on the WIC Program during your pregnancy? Yes No V
- If you are breastfeeding, are you on the WIC Program? Yes No W

Medical History of baby:

Has a doctor told you that your baby has any medical conditions or problems? Yes No U

If yes, what kinds?_____

Has a doctor told you that your baby is allergic to any foods or formula? Yes No U

If yes, which ones? _____

Does your baby have tooth decay or any problems with his teeth? Yes No T

PLEASE STOP HERE- THANK YOU